

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 17, 2004 8:00 am
Secretary of State

4/21

04-26-2004 91015 019 ****61.25

DOCUMENT # N02000005853

1. Entity Name

INTERNATIONAL OCEANOGRAPHIC INSTITUTE INC.



Principal Place of Business

P.O. BOX 490162
KEY BISCAYNE FL 33149

Mailing Address

P.O. BOX 490162
KEY BISCAYNE FL 33149

66428424



MOORE CR2E037 (11/03)

2. Principal Place of Business

RICKENBACHER CAUSEWAY
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

KEY BISCAYNE FL

City & State

4. FEI Number

20-1242973

Applied For

Not Applicable

Zip

33149

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARX, BRUCE R
2950 S.W. 27TH AVENUE
200
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP
NAME DONOVAN, PATRICK ☒ Delete
STREET ADDRESS 3606 NORTH DALE AVENUE
CITY-ST-ZIP TAMPA FL 33606

TITLE P
NAME TELLAM, JOHN ☐ Delete
STREET ADDRESS 6540 S.W. 145TH STREET
CITY-ST-ZIP MIAMI FL 33158

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Tello

3-24-04

305-361-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #